



CALIFORNIA STATE EMPLOYEES CHARITABLE CAMPAIGN

2006 NON-AFFILIATE APPLICATION INSTRUCTIONS

IMPORTANT CHANGES:

1. Organizations may submit only one application. If a duplicate application is received, you will be notified that only one application may be accepted.
2. Similarly, you may be listed under only one Federation. Please do not apply as a "non-affiliate" and as an "affiliate"; both applications will remain inactive until it is determined which designation is correct.
3. Programs may be listed on the "Other Name" line; however only the Organization's 25-word statement will appear in the brochure.

GENERAL INFORMATION:

California Government Code section 13923 and Title 2, California Regulations, section 633.9, govern the solicitation of State off employees for charitable purposes and allow for payroll deductions the solicitation. State officers and employees may be solicited by Victim Compensation and Government Claims Board (VCGCB) Principal Combined Fund Drive (PCFD).

FILING DEADLINE:

Postmarked no later than March 1, 2006

Applications received with a postmark after the March 1, 2006, may be denied for lateness.

DOCUMENTS NEEDED:

1. Copy of 501(c)(3) exemption letter from the Internal Revenue Service (I.R.S.) **AND**

If the organization name does not match that stated on the 501(c)(3):

2. Fictitious Business Name Statement
3. Copy of the Articles of Amendment OR
4. Copy of amended 501(c)(3) document from I.R.S. OR
5. Other legal documentation for the name change.

Notes:

- ☞ Facsimile applications are **not** acceptable. Photocopies of the application are acceptable only with an **original** signature.
- ☞ Any blank areas may result in the application being returned for incompleteness. If an item does not apply to your organization, write "n/a" on the blank. All applications must be **complete** and filed by the deadline in order for consideration.

FORM INSTRUCTIONS

A. LEGAL NAME *(required)*

Pursuant to the legal authority Government Code section 13923 and Title 2, California Code of Regulations, section 633.9, the organization indicated in this section applies to the VCGCB to (1) be included, by name, in the literature distributed during the 2006 California State Employees' Charitable Campaign (Campaign) by the organization(s) approved by the VCGCB to serve as the PCFD for the area(s) listed below; and (2) receive contributions that State officers and employees may designate to the organization.

B. OTHER NAME

- If the organization name does not match the name on the 501(c)(3) letter, is known by another name or you would like contributions directed to a specific program within your organization, please complete this section by placing a check mark in the appropriate box.
- If your organization is commonly known (or "a.k.a.") by another name, but has not legally changed the name, please indicate "a.k.a." by checking the appropriate box.
- Organization name changes **REQUIRE** that supporting documentation, i.e., fictitious business

name statement, articles of amendment, etc., be submitted with your application.

C. PHYSICAL ADDRESS *(required)*

- Please indicate if this address shall be used for all mailing purposes by placing a check mark in one of the appropriate boxes.
- The mailing address will appear in the Brochure.
- If you do not wish the address to be released to the public, you must provide a Post Office Box number in section D as your mailing address.

D. P.O. BOX

- Please indicate if this address shall be used for all mailing purposes by placing a check mark in one of the appropriate boxes.
- The mailing address will appear in the Brochure.
- If you do not wish the address to be released to the public, you must provide a Physical Address in section C as your mailing address.

E. CONTACT INFORMATION

- Name
- Title
- Phone Number (please do not use acronyms)
- Email Address
- Web Address

F. ORGANIZATION STATUS

Definitions:

1. **Independent:** An independent organization is a non-profit agency that is not under an umbrella organization, such as a Federation. Independent Organizations usually are listed in the Campaign brochure under "No Federation Listed".
2. **Member agency of a Federation:** A non-profit organization is considered a "Member Agency of a Federation" if it is a member of an umbrella organization. Member agencies are usually listed in the Campaign brochure under the Federation organization.
3. **Federation:** A Federation is defined as any organization that represents **itself and other** organizations in the Campaign. Typically, Federations, and their member agencies, are listed in the Campaign brochure in alphabetical order. Do not complete section G since the organization information is provided in sections A-E. Continue to Section H.

G. FEDERATION INFORMATION

Please indicate if this address shall be used for all mailing purposes by placing a check mark in the box. Federation name, address and contact information is required if the "Member Agency of a Federation" is checked above. Do not complete this section if your organization is a Federation.

H. DESCRIPTION OF ACTIVITIES

Please provide a statement, no longer than 25 words in length¹, describing your organization's activities. DO NOT include the name of your organization in your statement. A web address may be included and will not be counted as part of the 25 word statement. Your description may be included in the local Campaign brochures.

Previous applicants: Last year's statement is pre-printed. Modifications may be made by lining out information and writing in the desired wording. If this section does not include a pre-printed, please provide a new description on the lines provided or attach a separate sheet.

I. AREAS OF SOLICITATION

Determine the counties in which your organization wishes to solicit contributions. If your organization normally solicits contributions from all 58 California counties, please check the box for Statewide only.

J. FEDERAL TAX ID NUMBER

The Federal Tax Identification Number is required for validations of your tax-exempt status with the Internal Revenue Service.

K. EXPENSES

Estimate the percentage of contributions used for fundraising and Administrative expenses.

L. AREAS OF SERVICE

Place a check mark in the box, or boxes, that best represent your organization's area of service. If your area of service is not represented, please check "Other" and provide a brief description in the space provided.

¹ The VCGCB will edit any statement that uses special fonts or exceeds 25 words.